

## From the Health Clinic



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## Constipation

Constipation is a very common problem in children. A child is considered constipated when he or she has fewer than three bowel movements in a week; has trouble having a bowel movement; or when the stool (poop) is hard, dry, and unusually large.

Constipation usually is not a cause for concern, and easy to avoid by adopting healthy eating and exercise habits.

## Causes of Constipation

Constipation usually is due to a diet that does not include enough water and fiber, which help the bowels move properly. Children who eat lots of processed foods, cheeses, white bread and bagels, and meats may become constipated fairly often. Eating a healthier diet with high-fiber foods like fruits, vegetables, and whole grains can keep stool from getting hard and dry.

Some children avoid going to the bathroom, even when they really have the urge to go. They might ignore internal urges because they do not want to use a restroom away from home, stop playing a fun game, or have to ask an adult to be excused to go to the bathroom. Ignoring the urge to go makes it harder to go later.

Stress also can lead to constipation. Children can get constipated when they're anxious about something, like starting at a new school or problems at home. Research has shown that emotional upsets can affect how well the gut functions and can cause constipation and other conditions, like diarrhea.

Some children get constipated because of irritable bowel syndrome (IBS), which can happen when they're stressed or eat certain trigger foods, which often are fatty or spicy. A child with IBS may have either constipation or diarrhea, as well as stomach pain and gas.

In rare cases, constipation is a sign of other medical illnesses. So talk to your doctor if your child continues to have problems or if the constipation lasts for 2 to 3 weeks.

## **Symptoms of Constipation**

Keep in mind that different children have different bathroom habits. A child who does not have a bowel movement every day is not necessarily constipated. One child might go three times a day, while another might go once every 3 days.

Generally, signs of constipation in kids include:

- going less than usual
- having trouble or pain when going to the bathroom
- feeling full or bloated
- straining to poop
- seeing a little blood on the toilet paper

It is also common for children with constipation to sometimes stain their underwear with bits of stool.

## Dealing With Constipation

To prevent and treat constipation:

- **Give your child more fluids.** Drinking enough water and other liquids helps stools move more easily through the intestines. The amount of fluids kids need will vary according to weight and age. But most school-age children need at least 3 to 4 glasses of water each day.
- **Serve more fiber.** High-fiber foods (such as fruits, vegetables, and whole-grain bread) can help prevent constipation. Fiber can not be digested, so it helps clean out the intestines by moving the bowels along. A diet full of fatty, sugary, or starchy foods can slow the bowels down. When adding more fiber to your child's diet, do so slowly over a few weeks and make sure your child also drinks more fluids.
- Fiber does not have to be a turn-off for children - try apples, pears, beans, oatmeal, oranges, ripe bananas, whole-grains breads, and popcorn. Adding flax meal or bran to homemade fruit smoothies is another way to slip fiber into a child's diet.
- **Make sure children get enough exercise.** Physical activity nudges the bowels into action, so encourage your kids to get plenty of exercise. It can be as simple as playing catch, riding bikes, or shooting a few hoops.
- **Develop a regular meal schedule.** Since eating is a natural stimulant for the bowels, regular meals may help children develop routine bowel habits. If necessary, schedule breakfast a little earlier to give your child a chance for a relaxed visit to the bathroom before school.
- **Get children into the habit of going.** If your child fights the urge to go to the bathroom, have him or her sit on the toilet for at least 10 minutes at about the same time each day (ideally, after a meal).

## Soiling (Encopresis)

If your child has bowel movements (BMs) in places other than the toilet, you know how frustrating it can be. Many parents assume that kids who soil their pants are simply misbehaving or that they're too lazy to use the bathroom when they have the urge to go.

The truth is that many kids beyond the age of toilet teaching (generally older than 4 years) who frequently soil their underwear have a condition known as **encopresis**. They have a problem with their bowels that dulls the normal urge to go to the bathroom — and they can't control the accidents that usually follow.

Many people mistakenly believe that encopresis is a behavioral issue — a simple lack of self-control. But punishing or humiliating a child with encopresis will only make matters worse. Instead, talk to your doctor, who can help you and your child through this challenging but treatable problem.

### **What Is Encopresis?**

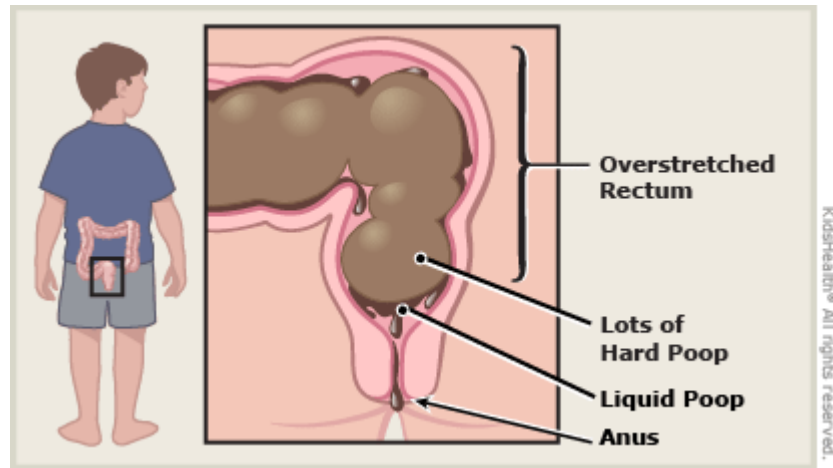
Three to six times more common in boys, encopresis is not a disease, but rather a symptom that may have different causes. It affects only about 1% to 2% of children under age 10, but problems with encopresis and constipation account for more than 25% of all visits to pediatric gastroenterologists (doctors who specialize in disorders of the stomach and intestines).

### **What Causes It?**

Most encopresis cases are due to constipation. The stool (or poop) is hard, dry, and difficult to pass when a person is constipated. Many children "hold" their BMs to avoid the pain they feel when they go to the bathroom, which sets the stage for having a poop accident.

So to understand encopresis, it is important to understand constipation.

There is a wide range of normal when it comes to having a BM. "Normal" pooping might range from one or two BMs per day to only three or four per week. A child who passes a soft, medium-sized BM without any problems every 3 days is not constipated. But a child who passes a hard BM (small or large) every other day is. So are other children who may go every day, but only pass hard little balls and always have poop left behind in the rectum.



So, what causes the hard poop in the first place? Any number of things, including diet, illness, not drinking enough fluids, fear of the toilet during potty training, or limited access to a toilet or a toilet that is not private (like at school). Some children may develop chronic constipation after stressful life events such as a divorce or the death of a close relative.

Although rectal surgery or birth defects such as Hirschsprung disease and spina bifida can cause constipation or encopresis without constipation, this is uncommon.

### **How Does It Happen?**

Whatever the cause, once a child begins to hold in BMs, the poop starts building up in the rectum and may back up into the colon - and a frustrating cycle begins.

The colon's job is to remove water from the poop before it is passed. The longer the poop is stuck there, the more water is removed — and the harder it is to push the large, dry poop out. The large poop also stretches out the colon, weakening the muscles there and affecting the nerves that tell a child when it's time to go to the bathroom.

Then, the colon cannot easily push the hard poop out, and it is painful to pass. So the child continues to avoid having a BM, often by dancing, crossing the legs, making faces, or walking on tiptoes.

Eventually, the rectum and lower part of the colon becomes so full that it is hard for the sphincter (the muscular valve that controls the passage of feces out of the

anus) to hold the poop in. Partial BMs may pass through, causing the child to soil his or her pants. Softer poop may also leak out around the large mass of feces and stain the child's underwear when the sphincter relaxes. Children cannot prevent this soiling - nor do they have any idea it is happening - because the nerves are not sending the signals that regulate pooping.

### **What Are the Signs of Encopresis?**

At first, parents may think their child has a simple case of diarrhea. But after repeated episodes, it becomes clear that there is another problem - especially because the soiling happens when the child is not sick.

As the colon is stretched by the buildup of stool, the nerves' have trouble telling the brain that it is time for a BM. If untreated, the soiling will get worse and children may lose their appetites or complain of stomach pain.

A large, hard poop may also cause a tear in the skin around the anus that will leave blood on the stools, the toilet paper, or in the toilet.

Parents are often frustrated by the fact that their child seems unfazed by the poop accidents, which happen mostly during waking hours. Denial may be one reason for a child seeming calm - kids just can't face the shame and guilt associated with the condition (some even try to hide their soiled underpants from their parents).

Another reason may be more scientific: Because the brain eventually gets used to the smell of poop, the child may no longer notice the odor.

### **How Is Encopresis Diagnosed and Treated?**

Call the doctor if your child has any of these symptoms of encopresis:

- poop or liquid stool in the underwear when your child isn't ill
- hard poop or pain when having a BM
- toilet-clogging BM
- abdominal pain
- loss of appetite

The problem probably can be managed by your doctor. But if not, you may be referred to a gastroenterologist.

Treatment is done in three phases:

1. **Emptying the rectum and colon of the hard poop.** Depending on the child's age and other things, the doctor may recommend medicines, including a stool softener, laxatives, and/or enemas. (Laxatives and enemas should be given **only** under the supervision of a doctor; **never** give these treatments at home without first checking with your doctor.)
2. **Helping your child begin having regular BMs.** This is done with the aid of stool-softening agents. It is important to continue using the stool softener to give the bowels a chance to shrink back to normal size (the muscles of the intestines have been stretched out, so they need time to recover).

Parents also will be asked to schedule potty times twice daily after meals (when the bowels are naturally stimulated). The child will sit on the toilet for about 5 to 10 minutes. This helps kids learn to pay attention to the urges to go.

3. **Reducing use of the stool softeners.** As regular BMs become established, the doctor will decrease a child's use of stool softeners.

Keep in mind that relapses are normal, so do not get discouraged. Your child might get constipated again or soil his or her pants during treatment, especially when being weaned off of the stool softeners.

A good way to track your child's progress is by keeping a daily poop calendar. Make sure to note the frequency, consistency (hard, soft, dry), and size (large, small) of the BMs.

Patience is the key to treating encopresis. It may take anywhere from several months to a year for the stretched-out colon to return to its normal size and for the nerves in the colon to become effective again.

## **Diet and Exercise**

Diet and exercise are extremely important in keeping stools soft and BMs regular. Also, make sure your child gets plenty of fiber-rich foods such as fresh fruits, dried fruits like prunes and raisins, dried beans, vegetables, and high-fiber bread and cereal.

Try these creative ways to add it to your child's diet:

- Bake cookies or muffins using whole-wheat flour instead of regular flour. Add raisins, chopped or pureed apples, or prunes to the mix.
- Add bran to baking items such as cookies and muffins, or to meatloaf or burgers, or sprinkled on cereal. (The trick is not to add too much bran or the food will taste like sawdust.)
- Serve apples topped with peanut butter.
- Create tasty treats with peanut butter and whole-wheat crackers.
- Top ice cream, frozen yogurt, or regular yogurt with high-fiber cereal for some added crunch.
- Serve bran waffles topped with fruit.
- Make pancakes with whole-grain pancake mix and top with peaches, apricots, or grapes.
- Top high-fiber cereal with fruit.
- Sneak some raisins or pureed prunes or zucchini into whole-wheat pancakes.
- Add shredded carrots or pureed zucchini to spaghetti sauce or macaroni and cheese.
- Add lentils to soup.
- Make bean burritos with whole-grain soft-taco shells.

And do not forget to have your child drink plenty of fluids each day, especially water. Diluted 100% fruit juice (like pear, peach, or prune) is an option if your



child is not drinking enough water. Also, limiting your child's daily dairy intake (including milk, cheese, and yogurt) may help.

### **Looking Ahead**

Successful treatment of encopresis depends on the support a child gets. Some parents find that positive reinforcement helps to encourage the child throughout treatment. For instance, put a star or sticker on the poop calendar for having a BM (or even just for trying to), sitting on the toilet, or taking medicines.

Whatever you do, do not blame or yell - it will only make your child feel bad and it will not help manage the condition. With lots of love, support, and reassurance that he or she is not the only one in the world with this problem, your child can overcome encopresis.